Administrative Code

Title 23: Medicaid
Part 220

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Rule 1.1 Provider Enrollment Requirements

A. Radiology providers must satisfy all requirements set forth in Part 200, Chapter 4, Rule 4.8 in addition to the following provider type specific requirements:

1. National Provider Identifier (NPI), verification from National Plan and Provider Enumeration System (NPPES).

2. Written confirmation from the IRS confirming your tax identification number and legal name.

3. CLIA certificate and completed Certification form, if applicable.

B. Independent Diagnostic Testing Facility (IDTF) providers can only be enrolled for submission of crossover claims. IDTF providers cannot be enrolled for submission of straight Medicaid claims. A copy of the Medicare certification from the Medicare Intermediary is required. The Explanation of Medicare Benefits (EOMB) is not acceptable.

Source: Miss. Code Ann. § 43-13-121; 42 CFR 455, Subpart E

Rule 1.2: Positron Emission Tomography (PET) Scans

A. Covered PET Scans

1. PET Scans are covered by Medicaid for diagnosing certain malignancies in these situations:

a) When replacing an invasive procedure; or

b) For staging when there is documented evidence of a primary tumor by CT, MRI, X-ray, or tissue sample; or

c) Restaging after course of therapy; or

d) When used in lieu of other modalities such as CT, MRI, and X-ray.

2. PET scans are covered in the situations listed above for these diagnoses only:

1. Characterization of solitary pulmonary nodules (SPN's).

2. Lung cancer, non-small cell.

3. Colorectal cancer.

4. Melanoma.

5. Evaluating recurrence prior to surgery as an alternative to gallium scan, this is not covered for evaluating regional nodes.

6. Lymphoma when used as an alternative to gallium scan.

7. Head and neck cancer, excluding thyroid and central nervous system.

8. Esophageal cancer.

B. Breast Cancer

1. Staging patients with distant metastasis; or

2. Restaging patients with loco-regional recurrence or metastasis; or

3. For monitoring tumor response to treatment for women with locally advanced and metastatic breast cancer when a change in therapy is anticipated. PET Scans are not covered for the diagnosis of Breast Cancer.

C. Thyroid Cancer

1. For staging of recurrent or residual thyroid cancers of follicular cell origin previously treated by thyroidectomy and radioiodine ablation and have a serum thyroglobulin >10ng/ml and negative I-131 whole body scan performed.

2. PET Scans are not covered for diagnosis or restaging of thyroid cancer.

D. Myocardial Imaging

E. Perfusion of the Heart

1. PET scans performed at rest or with pharmacological stress used for noninvasive imaging of the perfusion of the heart for the diagnosis and management of patients with known or suspected coronary artery disease using the FDA-approved radiopharmaceutical Rubidium 82 (Rb 82) or ammonia N-13 tracer are covered, when these criteria are met:

a) The PET scan, whether at rest alone or at rest with stress, is performed in place of, but not in addition to, a single photon emission computed tomography SPECT; or

b) The PET scan, whether at rest alone or at rest with stress, is used following a SPECT

that was found to be inconclusive. In these cases, the PET scan must have been considered necessary in order to determine what medical or surgical intervention is required to treat the patient. For purposes of this requirement, an inconclusive test is a test(s) whose results are equivocal, technically uninterpretable, or discordant with a patient's other clinical data and must be documented in the beneficiary's file.

A. Myocardial Viability

1. FDG-PET is covered for the determination of myocardial viability or following an inconclusive SPECT prior to revascularization.

2. SPECT will not be covered following an inconclusive PET Scan.

B. Refractory Seizures - FDG-PET is covered only for pre-surgical evaluation for the purpose of localization of a focus of refractory seizure activity.

H. Documentation

1. Providers must maintain documentation that meets the following criteria:

a) Documentation to assure the PET scans performed were medically necessary, did not unnecessarily duplicate other covered diagnostic tests; and

b) Beneficiary records are maintained for each beneficiary for whom a PET scan is done; and

c) PET scan(s) must be maintained in the referring doctor's file and documentation that the procedure involved only FDA approved drugs and devices (and did not involve investigational drugs, as determined by the Food and Drug Administration); and

d) The ordering physician is responsible for documenting the medical necessity of the PET scan and that it meets criteria as specified. The physician should have documentation in the beneficiary's medical record to support the referral to the PET scan provider.

2. Records must be maintained in accordance with Part 200, Chapter 3, Rule 1.3.

Source: Miss. Code Ann. § 43-13-121

Rule 1.3: Radiopharmaceuticals

A. Medicaid covers radiopharmaceuticals administered for diagnostic or therapeutic purposes and are covered separately from the diagnostic procedure or visit and with the appropriate HCPCS procedure code that accurately describes the agent administered and only the units administered are covered. Radiopharmaceuticals must be approved by the Federal Drug Administration (FDA), used in accordance with FDA approved conditions, and be

administered in dosages that meet FDA regulations. Radiopharmaceuticals that are considered experimental, investigative, or in clinical trial will not be covered.

B. Medicaid covers radiopharmaceuticals administered in a physician office, clinic, or independent radiology facility, at the lower of the provider's charge or the Medicaid fee for the date of service. Radiopharmaceuticals administered in an outpatient hospital facility may be reimbursed in accordance with Medicaid's outpatient hospital methodology.

Source: Miss. Code Ann. § 43-13-121

Rule 1.4: Teleradiology

A. Medicaid covers medically necessary teleradiology services.

B. Medicaid defines the following:

1. Consulting provider means a licensed physician who provides the interpretation of the radiological image, of the professional component, at the distant site, or hub. The consulting provider must be licensed in the state within the United States in which he/she practices.

2. Hub site means the location of the teleradiology consulting provider, also referred to as the distant site. The hub site provides the professional component of the service.

3. Referring provider means a licensed physician, physician assistant, or nurse practitioner who orders the radiological service. The referring provider must be licensed in the state within the United States in which he/she practices.

4. Spoke site means the location where the beneficiary is receiving the teleradiology service, also referred to as the originating site. The spoke site provides the technical component of the service.

5. Store and forward mean telecommunication technology for the transfer of medical data from one (1) site to another through the use of a camera, or similar device that records, or stores, an image which is then sent, or forwarded, via telecommunication to another site for teleconsultation.

6. Teleradiology is the electronic transmission of radiological images, such as x-rays, CTs, or MRIs, known as store-and-forward images, from one (1) location to another for the purposes of interpretation.

7. Transmission Cost means the cost of the line charge incurred during the time of the transmission of a telehealth service.

C. Covered Services

1. Medicaid covers for one technical and one professional component for teleradiology services.

2. Medicaid covers medically necessary teleradiology only when the originating site, or spoke, documents that there are no local radiologists to interpret the images.

3. The provider at the originating site, or spoke, must be enrolled as a Mississippi Medicaid provider in order to bill for the technical component of the radiological service. The spoke site provider is covered using the appropriate procedure radiological code with the appropriate modifier.

4. The provider at the distant site, or hub, must be enrolled as a Mississippi Medicaid provider in order to bill for the professional component of the radiological service. The hub site provider is covered using the appropriate procedure radiological code and modifier.

5. Medicaid covers hospitals for purchased or contractual teleradiology services, under their physician group provider number only.

D. Non-covered services

1. Medicaid does not cover the transmission cost or any other associated cost

2. Hospitals, independent radiological clinics, or physician clinics are not covered for both the technical and professional component of teleradiology services under their own provider number. Providers may not bill for services performed by other providers.

E. Quality of Service

1. The available teleradiology system must provide images of sufficient quality to perform the indicated task. When a teleradiology system is used to render the official interpretation, there must not be a clinically significant loss of data from image acquisition through transmission to final image display. For transmission of images for display use only, the image quality should be sufficient to satisfy the needs to the clinical circumstance.

2. All equipment must provide image quality and availability appropriate to the clinical need.

3. The radiologic examination at the originating site, or spoke, must be performed by qualified personnel trained in the performance of the specified radiological service and operating within the licensure and/or certification requirements of the state in which the service is being performed. Technicians must be working under the supervision of a qualified licensed physician.

F. Documentation

1. Services delivered via teleradiology are held to the same standard of documentation as non-teleradiology services.

2. In each instance, the provider file at the spoke location must include at a minimum;

    a) Documentation of the reason that teleradiology was utilized to deliver the service;

    b) Date(s) of service;

    c) Beneficiary demographic information;

    d) Signed consent for treatment, if applicable;

    e) Medical history;

    f) Patient's presenting complaint;

    g) Diagnosis; and

    h) Specific name/type of all diagnostic studies and results/findings of the studies.

3. In each instance, the provider file at the hub location must include at a minimum:

    a) Date(s) of service;

    b) Beneficiary demographic information;

    c) Medical history;

    d) Patient's presenting complaint;

    e) Diagnosis;

    f) Specific name/type of all diagnostic studies and results/findings of the studies; and

    g) Radiological images.

G. Security - Teleradiology systems should provide network and software security protocols to protect the confidentiality of beneficiaries' identification and imaging data. There must be measures to safeguard the data and to ensure data integrity against intentional or unintentional corruption of the data. All providers are responsible for ensuring confidentiality in accordance with HIPAA privacy regulations.

Source: Miss. Code Ann. § 43-13-121; 43-13-117(3)

Rule 1.5: Port Films

A. Medicaid considers the review and interpretation of port films as part of the weekly clinical treatment management by the physician and does not cover.

B. The technical component is covered for the provider who takes the films. Medicaid covers one (1) unit for every five (5) treatments.

C. Multiple treatments representing two (2) or more treatment sessions furnished on the same day may be counted as long as there has been a distinct break in therapy sessions, and the treatments are of the character usually furnished on different days.

Source: Miss. Code Ann. § 43-13-121

Rule 1.6: Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)

The Division of Medicaid pays for all medically necessary services for EPSDT-eligible beneficiaries in accordance with Part 223 of this Title, without regard to service limitations and with prior authorization.

Source: Miss. Code Ann. § 43-13-121